

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018332

FILED MAY 21 1962 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 73

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10190
20190
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4 0
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9356.1
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1290.2
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camp Branch Twp.		Length of stay in 1b 50 Yr.		c. CITY OR TOWN Harrisonville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Samuel S. Hershberger				4. DATE OF DEATH Month May Day 18 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/13/83	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 5 Days 5 Hours 5 Min.	IF UNDER 24 HR Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LaGrange Co. Ind.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Daniel D. Hershberger			13b. MOTHER'S MAIDEN NAME Fannie Yoder			14. NAME OF HUSBAND OR WIFE Laura Hershberger, Harrisonville, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Laura Hershberger, Harrisonville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Adema 3da Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Amyotrophis lateral Sclerosis 3yrs DUE TO (c) Cardiac insufficiency 3yrs							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Harrisonville, Mo	
21. I attended the deceased from 1956 to May 18, 1962 and last saw him alive on May 18, 1962 Death occurred at 11:57 PM on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE H.E. Fensch (Degree or title)			
22b. ADDRESS Harrisonville, Mo		22c. DATE SIGNED 5/19/62		22d. LOCATION (City, town, or county) (State) Cass Co. Mo			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May, 20, 1962		23c. NAME OF CEMETERY OR CREMATORY Clearfork Cemetery		23d. LOCATION (City, town, or county) (State) Cass Co. Mo	
24. FUNERAL DIRECTOR A. K. Natzler, East Lynn, Mo				25. DATE RECD. BY LOCAL REG. May 20-1962		26. REGISTRAR'S SIGNATURE mw Ray Seber	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.